BASIC KNOWLEDGE IN SPECIAL NEEDS EDUCATION

Sampson Senam Gbedemah

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DEDICATION

This book is dedicated to all parents, educationists and teachers who are committed to acquiring fundamental knowledge on special needs education and the lives of persons with exceptionalities.

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PREFACE

This book “Basic knowledge in special needs education” is written to make information on special needs education simple and available to parents, educationists, teachers, and any other person who needs information on special needs education. The book is designed for use in introductory courses in special education for students in tertiary institutions and teachers.

The book consists of seven (7) units addressing The Concept of Special Education, History of Persons with Special Needs, Causes of special needs, Laws and Policies Supporting Individuals with Special Needs, Stakeholders in special needs education, Equipment and Materials, and Assessment Procedure for Special Education.

This book is to be read for knowledge and application in schools and our immediate environments. It is for self-acceptance and understanding yourself and others who are different in character from you.

INTRODUCTION TO SPECIAL EDUCATION

Although most people would like to be thought of as 'normal', for most people, this is not possible. They have been identified and labeled by schools, social service agencies, and other organizations as exceptional, thus requiring special educational services. This book is about individuals who are exceptional.

You are about to embark on the study of a vibrant and rapidly changing field, Special education. You will be challenged as you learn about laws and litigation affecting individuals with special needs, causes of disability, assessment techniques and many more. But perhaps more important than any of these issues is our goal to help you develop an understanding and appreciation for a person with special needs Currently, the educational agenda of the country include addressing the needs of diverse learners in the classroom. This book is therefore to introduce stakeholders to the basic knowledge of special needs and why it is important to educate persons with special needs. Also, the laws and policies that support the education of the person with special needs will be examined including international and national legislations. The book will further equip the stakeholders with the requisite knowledge and skills for meeting the diverse needs of learners using appropriate assistive devices. Moreover, the book will discuss methods used in screening and referring persons at-risk for more thorough assessment. The role of stakeholders will be examined and how they can together contribute to creating a congenial classroom environment that fosters teaching and learning of all learners.

Unit One

THE CONCEPT OF SPECIAL EDUCATION

The Unit introduces users and practitioners to the concept of special education and how to distinguish between special education and regular education. Among others, the unit will provide definition to special needs. Also, discussed is the rationale for special education as well as terminologies used in special education.

The Concept of Special Education It is the type of education that seeks to improve the wellbeing of persons with special educational needs and disabilities. Heward and Orlansky (1992), define special education as individually planned, systematically implemented and carefully evaluated instruction to help exceptional learners achieve the greatest possible personal and self-efficiency and success in present and the future.

Smith (1993) defined special education as a set of instructions that is individually tailored to meet the unique needs of a child with exceptionality, taking into account the child's individual learning strength and weakness rather than following one set curriculum as regular does.

Hallahan and Kauffman (1997) defined special education as 'specially designed education which meets the unique needs of exceptional child.'

By implication, special education, is for individuals who need a form of modification in their curriculum in order to help them succeed academically. These individuals are known as exceptional children.

These individuals differ from societal or community standards of normalcy. These differences may be due to significant physical, sensory, cognitive or behavioral characteristics (Bateman and Linden, 2012) many of these children may require educational programs customized to their unique need (Gargiulo and Kilgo, 2014).

Basically, special education is an education which is specially designed for individuals who are mentally, physically, socially or emotionally above or below that of their peers. Special education should be individually planned, systematically implemented and carefully evaluated to meet the unique needs of the special child.

Differences between special education and general education

Special Education is an integral part of regular education. However, there are differences in terms of certain provisions with respect to ***who*** *is involved,* ***what*** *is taught,* ***where****/place it is taught and* ***how****/methods of* teaching. To identify the distinctions between special education and regular education, who, what, where, and how are major factors to consider.

When a student is identified as being exceptional, a special education is sometimes necessary. Just because a student has a disability does not mean that a special education is automatically required. A special education is appropriate only when a student's needs are such that they cannot be accommodated in a general education program (Gargiulo & Bouck, 2016).

There is a distinction between special education and regular education. In distinguishing between the two, we use the concepts of Who, Where, What and How.

The 'Who' refers to the persons involved. In special education, they are those who deviate from the norm in terms of intellectual characteristics and the capacity to communicate and use their motor and sensory abilities. They include the intellectually disabled; the hearing and visually impaired; persons with physical and health disorders; the gifted and talented; persons with speech and language disorders; those with emotional and behavioural difficulties including persons with Attention Deficits Hyperactivity Disorders (ADHD) and Attention Deficits Disorders (ADD); the Autistic and Learning Disabled as well as those with multiple disabilities (Gargiulo & Bouck, 2016).

The 'Where' means the place or school where services are provided. In special education, we often place the children in special schools and categorically train teachers and service providers to teach them. In special education, individuals are educated in special schools such as: Wa, Wenchi and Akropong schools for the blind (Ocloo, 2011). Bechem, Cape Coast, Hohoe, Jamasi, Kibi, Mampong- Akuapem and Agona-Swedru schools for the deaf (Oppong, 2004).

School for the intellectually disabled include, Dzorwulu special school, Accra; Twin City Special School, Sekondi Takoradi; Garden City special school, Kumasi (Avoke, 2005)

The 'What' connotes the nature of their curriculum as well as the assistive devices that is the equipment and materials used for their instruction and learning. This defines the programme or curriculum that is presented to these children to enable them make the most of their environment and academic for their survival and development. In special education, the regular curriculum is adapted to include self-help skills such as dressing, eating, toileting, turn taking, reading of braille, mobility and signing. Other aspects of the curriculum such

as mathematics and science are not taught individuals with visual impairment, and Ghanaian languages, speech and oral English are not taught individuals with hearing impairment (Gbedemah, 2014). In regular education, individuals are taught all aspect of the general curriculum. The severe to profound intellectually disabled, for example, need to be taught self-help or functional skills or daily living skills.

Then the 'How' represents the ways they are taught. The methodology that is used in the teaching and learning process. In special education, Sign language, speech reading, finger spelling techniques and the use of Braille (Braille reading), tactile, and hand-on-hand techniques are employed as methods for teaching individuals with special needs while in regular education, the usual chalk-talk methods are employed. For example, while the blind are taught to communicate in braille, the deaf population receive instruction in sign language and finger spelling and do lip reading.

Rationale for Special Education

Why is it important to educate persons with special educational needs? We can answer this question by looking at the benefits there are for the child, teachers, parents and the society.

Child/Learner

The following are discussed:

i. Building the capacity of the child to acquire knowledge and skills to live independently

ii. Helping the child to read, write and communicate;

iii. Developing self-esteem and becoming intrinsically motivated;

iv. Equipping the child with self-help and social skills to facilitate interaction: this is where the individual is trained to do things for himself and to communicate effectively with others. This is seen in the following:

- Development of social skills needed for understanding and communicating appropriate social skills.
- Establishing interpersonal relationships to prevent rejection by peers
- Developments of self- help skills such as eating, toileting, dressing.

v. Equipping the child with employable skills

vi. Enabling the child to contribute to the socio-economic development and not being seen as a liability but an asset. Special Education provides the child with economic empowerment. This is through the development of occupational skills for self-sufficiency.

Teachers

i. Knowledge about disabilities **(identification):** teachers will be familiar with characteristics and signs of special needs and therefore identify children with special needs for educational provisions to be made for them. For example, having understanding of the causes and effects of disabilities on learners;

ii. Valuing and celebrating differences **(Acceptance)**

iii. Referral: based on the insight of special education, appropriate referral will be made and thereby the teacher will help to save children may be at risk for disability.

iv. Avoidance of comparison: teachers will appreciate the importance of individual differences, knowing that all learners do not develop at the same level and are not likely to learn and understand issues at the same rate.

v. Opportunity to learn various ways in meeting diverse needs;

vi. Counseling: a teacher with knowledge with special education will be able to counsel parents of children with special needs on how best to provide education for their children.

vii. There can be reduction in the use of corporal punishment;

viii. Finding ways to improve the school physical and classroom environment;

ix. Reduction and/or elimination of labelling and stereotyping **(Prevention)**. Teachers will better understand behavior of children and will not be quick to label them troublesome, dull or good for nothing

Parents

i. Reduction in conflict between parents and child;

ii. Parents develop more interest in the education and training of their wards;

iii. Parents interest in their wards' school sees improvement.

iv. Formation of advocacy groups and associations to promote the rights of the disabled.

Society

i. Acceptance of persons with disabilities;

ii. Becoming more responsive to the needs of the disabled;

iii. Building facilities and structures to help in the training of the disabled such as rehabilitation centres to promote the training and development of the disabled.

Universal Design for Learning

In today's climate of high-stakes testing and calls for greater student and teachers' accountability, full access to the general education curriculum for students with disabilities is receiving growing attention. One way of ensuring access to, along with participation and progress in the general education curriculum, as required by PL 108-446, is through the concept of universal design. Originally, an idea found in the field of architectural studies, Universal Design for Learning (UDL) can be simply stated as 'the design of instructional materials and activities that allows the learning goals to be achievable by individuals with

wide differences in their abilities to see, hear, speak, move, read, write, understand English, attend, organize, engage, and remember' (Orkwis & McLane, 1998). Universal design allows education professionals the flexibility necessary to design curriculum, instruction, and evaluation procedures capable of meeting the needs of all students (Meyer, Rose, & Gordon, 2014). UDL is accomplished by means of flexible curricular materials and activities that offer alternatives to learners with widely varying abilities and backgrounds. These adaptations are built into the instructional design rather than added on later as an afterthought. UDL provides equal access to learning, not simply equal access to information. It assumes that there is no one method of presentation or expression, which provides equal access for all learners. Learning activities and materials are purposely designed to allow for flexibility and offer various ways to learn (Florian, 2014; Scott, McGuire, & Shaw, 2003). UDL is envisioned as an instructional resource, a vehicle for diversifying instruction in order to deliver the general education curriculum to each learner. UDL does not remove academic challenges; it removes barriers to access. Simply stated, UDL is just good teaching (Ohio State University Partnership Grant, 2015). UDL encourages teachers to design curriculum, learning environments, and assessment procedures that are 'smart from the start' (Pisha & Coyne, 2001). By doing so, educators are able to impact student learning.

According to Wehmeyer, Lance, and Bashinki (2002), universal designed curriculum takes into account individual student interests and preferences and individualizes representation, presentation and response aspects of curriculum delivery accordingly. It offers the opportunity for creating a curriculum that is sufficiently flexible or tailored to meet the needs of the individual learner. It provides a range

of options for accessing, using, and engaging learning materials-explicitly acknowledging that no one option will work for all students (Gargiulo &Metcalf, 2017). Some of the beneficiaries of this strategy include, for example, individuals who speak English as a second language, pupils with disabilities, and students whose preferred learning style is inconsistent with the teacher's teaching style (Ohio State University Partnership Grant, 2015).

Essential elements of UDL

There are three essential elements of UDL that are often considered when developing curriculum for learners with diverse abilities. These components are multiple means of representation, engagement and expression.

1. **Multiple means of representation (Recognition Network)** the 'what' of teaching and learning: this offers flexibility in ways of …
    i. …presenting, receiving, and interpreting information (to access and build connections)
    ii. …adapting for different languages, learning styles, multiple intelligences, cognitive stages of development, sensory needs, perceptual differences, social needs.
    iii. …adjusting the complexity of materials presented (customizing content)
    iv. …adjusting environment so all can see, hear, and reach

2. **Multiple means of Engagement (Affective System)** the 'why' of teaching and learning: offers flexibility in ways of …

    i. …customizing the affective network systems in learning to increase participation

    ii. …adjusting for student interests and cultural backgrounds

    iii. …arranging the environment to allow for variety in grouping arrangements, individual work, and access technology and other materials

    iv. …using human resources in the classroom and school (collaboration)

3. **Multiple means of Expression (Strategic Systems)** the 'how' of teaching and learning: offers flexibility in ways of …

    i. …how students respond to information presented

    ii. …providing output formats that can be changed easily to accommodate preferred means of control (perceptual, sensory, motor control)

    iii. …using different cognitive strategic systems

    iv. …tracking progress of students

    v. …identifying areas of strengths and needs

    vi. …assessing knowledge of content

Source: Gargiulo/Metcalf. Teaching in today's inclusive classrooms, 2e. © 2013 south-western, wadsworth, a part of cengage learning, Inc. reproduced by permission. www.centgage.com/permissions

Terminologies Used in Special Education

In special education, there are various terminologies that are used and they include the following:

At-risk: It is a situation where persons are likely to have disabilities if there is no early intervention to prevent it.

Community-based rehabilitation: Intentionally setting up centres within communities to train persons with disabilities to speed up their integration.

Disability: It is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. It is the inability of the individual to function adequately as a result of an impairment which is damage or loss to a particular body part.

Exceptional: It has to do with what society regards as a deviation from the norm in terms of how a person thinks, acts or feels.

Exclusion: It denotes a situation where schools deliberately remove certain children from the school and classroom.

Handicap: It is a social or economic disadvantage due to lack of a resource. It can affect both the disabled and persons without any apparent disability. Handicap is the environmental/societal restriction imposed on an individual that limits the functioning of the individual. Handicap can be social, psychological, and occupational disadvantage that results from impairment and disability.

Impairment

Impairment means loss or damage to part or all of a body organ/system or structure or its functions. It could be a temporary or permanent loss. For example, it could be a damage to and impaired functioning of the hearing mechanism (hearing impairment), or it could be loss of vision due to cataracts which would be a visual impairment. Impairment can also be physiological, anatomical or psychological in nature. It should be made clear, however, that impairment needs not be a disability or a handicap.

Inclusion: It is a way of thinking and acting that allows every individual to feel accepted, valued and safe. It allows pupils to study together in the same regular school and/or classroom with structures in place to facilitate their achievement.

Integration: It is the practice of placing persons who have special educational needs and disabilities but are treated differently. Sometimes, it is only their physical presence that is noticed just to enable them to acquire social skills. There is no opportunity for them to participate in the instruction.

Labeling is a derogatory name given to an individual or group of individuals who behave in a certain way that calls for attention.

Least Restrictive Environment (LRE): It is the practice of placing the children in an educational environment where their needs can be adequately met.

Mainstreaming: It is the selective placement of learners with special educational needs in one or more regular education classrooms.

Normalization is the act of creating a living environment as normal

as possible for individuals with special needs to have equal access to resources to enhance their educational and social needs.

Segregation: It is the deliberate attempt by society to create a separate educational environment for the training of the disabled, for example, setting up of special schools for those with disabilities.

Key ideas

- Special education is the type of education given to learners with special educational needs and disabilities.
- Learners with special educational needs and disabilities include learning disabilities, intellectual disabilities, the gifted and talented, the autistic, the hearing and visually impaired, those with language and speech difficulties, the physically and health impaired, and emotionally and behaviourally disordered.
- The terms used in special education include impairment, disability, handicap,

Unit Two

CAUSES OF SPECIAL NEEDS

There are two main causes of special needs; GENETIC/BIOLOGICAL causes and ENVIRONMENTAL causes

Genetic Causes of Special Needs

Genetic causes of special needs refer to those conditions that are inherited by the baby from its parents. These are mainly defects in the genes which are transmitted through the fusion of the male sperm and the female egg or ovum. The genes which contain the characteristics of the individual and by which such characteristics are transmitted to the child are of two kinds. They are Dominant Genes which are stronger and the Recessive Genes which are weaker. Some inherited characteristics may actually be detrimental to the growth and development of the child. When such characteristics are produced by dominant genes, they have more serious effects than when they are produced by recessive genes.

Some of the special conditions that can be inherited are giftedness and some conditions like blindness, deafness, etc.

The Genetic threats include:-

- **The Rhesus (RH) Factor or Rh Incompatibility**

Rh is a complex substance on the surface of the red blood cells. One of the components of Rh is determined by a dominant gene. People who have this component are said to Rh positive. Less than one in

five people inherit the recessive form of the genes, which makes them Rh negative. When an Rh-negative woman conceives a child with an Rh-positive man, the child is likely to be Rh positive. During the birth of the baby, some of its blood cells usually pass into the mother's bloodstream while the placenta is separating from the uterine wall. The mother's immune system creates antibodies to fight this foreign substance, and the antibodies stay in her bloodstream.

The first pregnancy of the Rh-negative mother with an Rh-positive child is usually normal because the baby is born before the mother has developed antibodies in her blood. However, if the mother again becomes pregnant with an Rh positive child, the antibodies in her blood from the birth of the first child will pass into its bloodstream, where they will attack and destroy the second child's red blood cells. This results in Rh disease, a complication that can lead to serious birth defects or even death. Fortunately, Rh disease can be prevented by giving the Rh-negative mother an injection of anti-Rh serum within 72 hours of the delivery of an Rh-positive child. The serum kills any Rh-positive blood cells in the mother's bloodstream so that she will not develop antibodies to them. Children who are born with Rh disease can be treated with periodic blood transfusions (Morris, 1993). Rh incompatibility may lead to miscarriage or stillbirth or even death after birth. In case the child survives, he/she may be mentally deficient as a result of brain damage from inadequate supply of oxygen.

Chromosomal Abnormalities/Abnormal Number of Chromosomes

At conception, a normal zygote so formed is supposed to have 46 chromosomes (i.e. 23 pairs). In certain rare cases however, a child may be born with one chromosome more or less, giving rise to what is known as a chromosomal abnormality. E.g. Down Syndrome (the "Mongolian child" or Mongoloid" or Mongolism and Trisomy 21) which has 47 chromosomes due to an extra chromosome especially with the twenty first pair. Children with this abnormality are also mentally subnormal. Other chromosomal abnormalities include; Turner's syndrome (XO-unusually short females with crumbling ovaries and webbed skin) or Klinefelter's Syndrome (XXY-males who develop breast with unusual short penis or XYY- males with unusual tallness with skin diseases such as acne or pimples). Individuals with chromosomal abnormalities are likely to be cognitively and socially challenged than their 'normal' counterparts (Anyagre and Dondieu, 2007).

Metabolic Disorders

Metabolism in the body refers to the chemical changes which go on in it. When food is taken in some enzymes produced by the metabolic system are supposed to work on it and break down the complex food substances to simpler forms which can be made use of by the body e.g. proteins would be broken down into amino acids. There are genes which are responsible for making the enzymes active and these are inherited by the child from parents. If unfortunately this type of gene which it inherits happens to be the recessive one, then the enzymes for breaking down a particular food substance becomes inactive. Thus we

say the child has inherited a metabolic disorder. If for instance, protein cannot be metabolized we have a condition known as Phenylketonouria (PKU for short). Such a condition would damage the central nervous system of the child and lead to a poor mental ability.

Congenital Heart Diseases

Certain heart diseases may actually be inherited from parents. In other cases, the child may inherit the potential for developing such heart diseases. These would affect the health of the child and act against his ability to develop certain potentials that he may have.

Sickle cell Anaemia

An inherited blood abnormality which alters the shape of an individual's blood cells. A person with this condition has defective haemoglobin molecules which crystallizess and stick together to form an elongated bundle of rods to lower the oxygen level in the blood. Usually, the red blood cells which is of disc-shape, assume sickle shape when the haemoglobin molecules crystallize and form the bundles. The sickled blood cells can clump together and block the small blood vessels, causing severe pain to the chest, abdomen and the joints of the sufferer. Death may occur when the essential blood vessels to the brain and lungs are blocked (Anyagre and Dondieu, 2007).

Environmental Factors

The child's environment can affect the baby in the womb (prenatal), during birth (peri-natal) and after birth (post-natal). This section deals with those factors in the environment that affects the child after birth.

Prenatal Causes of Special Needs

Pre- natal causes refer to those conditions that affect the child before it is born. While the baby is in the womb, it can be affected by a lot of development hazards that may have negative effects on it later in life. Some of these hazards can even affect its hereditary potentials. They include:

A. *Maternal Malnutrition:* The pre- natal child receives its nourishment of facts, proteins, vitamins and minerals from its mother through the placenta and umbilical cord. Poor dieting by the mother can result in growth retardation and poor mental function. Iodine deficiency may lead to mental retardation and blindness. Zinc deficiency can lead to weak bones and lack of chlorine will lead to slow learning.

B. *Maternal Diseases*: Some types of diseases when contracted during pregnancy would be fatal to the fetus. Examples are German measles, syphilis (which can cause miscarriage, mental retardation, and blindness), diabetes (which can cause physical abnormalities that involves the circulatory and respiratory systems, and AIDS which can lead to a variety of disorders.

C. *Maternal Drug Intake*: certain drugs taken by the pregnant mother can diffuse through the placenta and affect the development of the embryo and the fetus. For example thalidomide, a tranquilizer taken by pregnant women can cause loss of limbs (hands and feet) if taken in the first three months of pregnancy when the limbs of the embryo are forming.

Smoking is found to produce abnormal fetal heart and brain damage and sudden infant death (crib death). Maternal alcohol intake can lead to Fetal Alcohol Syndrome (FAS) which are deformities of the heart and fingers, premature birth and severe mental retardation. Quinine can cause deformities.

D. *Umbilical cord Strangulation*: In cases where the umbilical cord gets woven around the baby's neck, it can prevent the intake of oxygen especially during labour leading to serious mental retardation. This and other cases of oxygen deprivation may cause a disorder called Congenital Central Hyperventilation Syndrome (CCHS) also known as 'Ondine's curse). Victims of CCHS breathe normally during the day but during the night they may absorb insufficient quantities of oxygen and retain unhealthy quantities of oxygen and retain unhealthy quantities of carbon dioxide leading sometimes to heart failure.

E. *Maternal Accidents and other Traumatic Conditions*: situations such as accidents, food poisoning, attempted abortions and shock situation can cause nervous and / or emotional damage to the unborn child.

F. *Excessive radiation/ X- rays*: excessive radiation during pregnancy especially where heavy dosed are taken to cure certain forms of cancers can have severe consequences on the fetus. Radiation of the mother's pelvic region as a result of constant exposure to x- ray can damage the unborn child resulting in blindness and mental retardation.

Peri–Natal Factors

These are factors considered as events happening during and around the onset of the birth.

They include the following:

1. Anoxia: this refers to condition of lack of oxygen. It could be the result of strangulation of the umbilical cord or prolonged or complicated labour. This leads to lack of oxygen to the brain resulting in damage to brain tissue.

2. **Narrow Pelvic**: a narrow pelvic of the expectant mother is dangerous because it may damage the head of the child due to the undue pressure it will put on it. This is why teenage pregnancy should not be encouraged.

3. **Use of Forceps**: sometimes, due to the narrow pelvic of the expectant or the size of child's head, doctors are compelled to use forceps. If these are wrongly applied, brain tissues, eyes and ears may be damaged resulting in disability.

4. **Heavy sedation**: excessive use of anesthesia or sedation may cause damage to the child.

5. **Breech Delivery**: in breech delivery, the baby may come out pictorially with the leg or arm rather than the head. These can create problems because of the complications in the delivery process and when not properly handled can lead to injuries and disabilities.

POST-NATAL Factors

A lot of environmental dangers threaten the smooth growth and development of the child even after birth. Care should be taken in the training and upbringing of the child so that he can develop to his possible maximum and gain a maximum satisfaction from his life. The child should be guarded against diseases and infection, accidents and malnutrition. Some of the post-natal causes of special needs are:

i. Accidents

ii. Diseases

iii. Child malnutrition

Unit Three

HISTORY OF PERSONS WITH SPECIAL NEEDS

In this unit, we shall be learning about the history of persons with special educational needs and disabilities. Among others, we shall know how societies treated them and the factors that contributed to the delay in their education. Finally, the unit will discuss what societies can do to develop and /or harness the potentiality of the disabled.

Historical account of how societies treated the disabled

Available records reveal that globally, persons with disabilities were generally negatively perceived and poorly treated by societies. It is said that most societies took the life of the disabled for granted. They were neglected, maltreated, killed and in fact, inhumanly treated. It is further reported that they were stereotyped, stigmatized, oppressed, discriminated against, misunderstood, marginalized, and excluded. In fact, the account has it that in some countries of the western world, the disabled were used as court jesters where they entertained guests.

In most African countries such as Ghana and Nigeria, a person born disabled was often thrown into the bush or drowned in water bodies. They were seen as liabilities and meted with punishment and various forms of atrocities. Waljee, et al. (2022) in a Training Manual developed for the Ghana Education Service under the sponsorship of the World Bank, note that before the 19th century, being disabled meant being disadvantaged by laws preventing participation in some areas of a community's social, political, and/or economic life. Their human rights were therefore violated with impunity. Strangely, in the

21st century, some records show that some families hide the disabled and do not create opportunity for their development.

Factors that led to the delay in their education and training

Among the factors that contributed to the delay in their education and training include the following:

- Ignorance or lack of understanding in disability issues especially the cause of disability. Lots of myths surrounded disabilities. For example, there were issues about witchcraftcy, mental illness, infections, violations of prohibitions such as taboos, effects of past sins, curses and so on.
- Many societies felt disability was inability since they thought the disabled could not contribute anything to socio-economic growth.
- Lack of science and technology to facilitate teaching and learning. For example, there were no teaching and learning resources such as Braille and hearing aids for the blind and deaf, respectively, as we have it in modern times.
- Lack of personnel to teach the disabled.
- Lack of laws and policies to support the development of the disabled.
- The presence of some socio-cultural assumptions and economic factors. For example, in some societies the disabled could not be elevated to the position of a Chief.
- Conditions within the school do not meet the needs of all

learners.

- Parents' reluctance in sending their disabled child to school.
- Hesitation of some parents without children with disabilities accepting the disabled learner in their children's classroom.
- Lack of transport to get children to and from school.
- Schools not having enough resources (lack of teaching aids and equipment).

Factors that have led to their education and training

Among the factors that have contributed to their education are:

- The influence of western civilization and culture. The idea that we are all equal before God and that there should be no discrimination has improved social attitudes.
- Enactment of laws and educational policies such as Inclusive Education Policies. This has promoted how persons with disabilities should be catered for and the roles stakeholders can play to make their academic success academic. The influence of the World Bank, United Nations Children Fund (UNICEF) and UNESCO and some nongovernmental organizations in supporting their education through the funding of programs and activities come into play here. For example, in June, 1994 in Salamanca, Spain, the United Nations Educational, Scientific and Cultural Organizations (UNESCO) sponsored a Conference that championed the education of the disabled in regular schools. There was a clarion call for State parties

to develop educational systems and use pedagogies that supported the education of persons with disabilities.

- Development of science and technology that has facilitated the use of assistive devices such as braille, hearing aids, wheelchairs and other forms of mobility and communication devices.
- More scientific explanations given to the cause of disability. We now know how genetic and environmental factors interact to cause disabilities.
- Establishment of special schools and categorical training of personnel to teach them.
- Encouragement of active parental involvement in the education of the disabled. Parents are not left out but do what they can to assist schools and local governments to educate and train the children.
- Increase in government support in terms of building schools and funding the education of the deaf, intellectually disabled and the blind. In Ghana, there is District Assembly Common Fund that supports the development of persons with disabilities.
- The impact of Advocacy groups and activities to promote acceptance and support.
- The role played by the disabled themselves. They hold the view that societies create disabilities and that if structures such as the construction of elevators and ramps and use of

wheelchairs, there will be no disability. In fact, they advocated for and promoted the social model and criticized the medical model. The medical model tends to see disabled persons to be responsible for their situation, whereas the social model puts the blame on societies.

- Various pre-service and in-service programs that are organized for teachers and caregivers including mobility and orientation training programs for the blind

CHRONOLOGY OF SPECIAL EDUCATION

Educating individuals with special needs has not been recent, it started official when state legislatures, federal courts and the U.S Congress spelled out strong educational rights for persons with special needs. In view of these, special education started on the merit of medical model of disability which sees disability as a problem within the child and that the child is sick and therefore need to be isolated for treatment. This sympathetic approach made room for SEGREGATION education for individuals with special needs.

Segregation is an educational approach where exceptional individuals are placed in separate schools known as special schools where they hardly come into the community to participate in social life of their community.

Mainstreaming is the practice of educating individuals with special needs in the same school and occasionally in the same classroom with their peers supposedly without special needs as individuals with special needs receive much education from the resource room.

Integration is the practice of educating individuals with special needs in the same regular classroom without any adaptation to the school curriculum, method of teaching and the school environment with their peers supposedly without special needs. It is said that in integration, the special child adapts to fit into the regular school setting without the provision of supportive services.

Inclusion is the process of educating all categories of children in the same classroom with appropriate supportive services to meet the unique needs of a child with special need. In inclusive education, the school adapts its environment, curriculum, methods of teaching, and mode of assessment to accommodate a child with special needs.

NB In spite of global advocate for movement from segregation to inclusion, there is being proliferation of special schools in Ghana as the result of the following:

i. The perception that special schools have the capacity to effectively and efficiently manage children with special needs than regular schools

ii. Large class size in regular schools that impede individualized educational plan

iii. Regular teachers fear of not being able to adequately meet the needs of children and most seriously not doing well on National League Tables

iv. Inadequate resources and materials to facilitate teaching and learning

v. Lack of government interest, commitment and support for

the implementation of full inclusion in spite of the 1992 constitution and 2007 educational reforms addressing the needs of individuals with special needs

vi. Poor societal and teacher attitudes towards individual with special needs

vii. Regular education teachers' ineffective methods and principles of teaching.

Key ideas

- Historically, persons with disabilities were stereotyped, stigmatized and generally poorly treated.
- Factors that contributed to the delay in their education included ignorance and lack of assistive devices to facilitate their education and training, communication and mobility.
- Improvement in societal attitude and rapid development of science and technology are contributing immensely to and promoting the education of the disabled.

Unit Four

LAWS AND POLICIES SUPPORTING INDIVIDUALS WITH SPECIAL NEEDS

The field of special education has been gradually transforemed and restructured, largely as a result of judicial action and legislative enactments. These two forces have been powerful tools in securing many of the benefits and rights presently enjoyed by children with special needs. In this unit, attention is being drawn to the role laws and policies play in promoting the education of the disabled. The unit will look at both international and national initiatives that have supported their education.

International Acts and Conventions that support inclusive education

Internationally, there are a number of Acts and Conventions that back inclusive education. These include:

1. Universal Declaration of Human Rights –1948 Soon after the end of the Second World War in 1948, there was the formation of the United Nations (UN). In order not to infringe on the liberties and rights of individuals and nations, the UN set out rules generally regarded as fundamental human rights that guarantee the rights and responsibilities of every individual including persons with disabilities. These rights are not to be infringed upon. Among others, there is the right to life, freedom from slavery, freedom

from torture and inhumane treatment, the right to liberty and security of person, freedom of movement, and the right to freedom of thought, religion, opinion, and expression.

2. Public Law 94-142

The bill was enacted by the 94th session of congress and was the 142nd piece of legislation passed. IDEA is a 'Bill of Rights' for children with exceptionalities and their families, it is the culmination of many years of dedicated efforts by both parents and professionals (Gargiulo & Bouck, 2016). This law is one of the most important piece of federal legislation ever enacted on behalf of children with special needs. PL 94-142 is thought of as **the legislative heart of special education.** The bill was signed into law by President Gerald Ford on 29th November, 1975 with the purpose that:

…to assure that all handicapped children have available to them…a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to ensure that the rights of handicapped children and their parents or guardians are protected, to assist states and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children (section 601c).

The six major components and guarantees of the Public Law 94-142

- **A free appropriate public education (FABE):** All children, regardless of the severity of their disability (a 'zero reject' philosophy) must be provided with an education appropriate to their unique needs at no cost to the parents.

- **the least restrictive environment (LRE):** Children with disabilities are to be educated to the maximum extent appropriate with students without disabilities. Placement must be consistent with the pupil's educational needs.

- **an individualized education program (IEP):** Is an individually tailored statement describing an educational plan for each learner with exceptionalities. The IEP is required to address the present level of academic functioning (school personnel as present level of performance), annual goals and accompanying instructional objectives, educational services to be provided, the degree to which the pupil will be able to participate in general education program, plans for initiating services and length of service delivery, and an annual evaluation procedure specifying objective criteria to determine if instructional objectives are being met.

- **Procedural due process:** The act afford parents several safeguards as pertains to their child's education. This is right to confidentiality of records, to examine all records, to obtain an independent evaluation, to receive written notification of any proposed changes to their children educational classification

or placement, etc.

- **Nondiscriminatory assessment:** Prior to placement, a child must be evaluated by a trained multidisciplinary team in all areas of suspected disability by tests that are not racially, culturally, or linguistically biased. A single evaluation procedure is not permitted for either planning or placement purposes.

- **Parental participation:** This mandates meaningful full parent involvement in the decision-making process that affects their child's education.

3. United Nations Convention on the Rights of the Child (UNCRC) (1989) The convention seeks to prioritise the interests of every child. Every child has the right to life, survival and development and the best interests of the child should be a primary consideration for all State Parties. The Article 3, subsection 10 of the UNCRC recognises that children differ from adults in their physical and psychological development, and their emotional and educational needs. They are therefore not to be treated as adults. The Article 6 talks about the right to life, survival and development. In the subsection 11, it is stated that this inherent right of every child should guide and inspire State Parties in the development of effective national policies and programmes for the prevention of juvenile delinquency because delinquency has a very negative impact on the child's development. In Article 12, the right to be heard is guaranteed. In the subsection 12, the right of the child to

express his or her views freely in all matters affecting the child should be respected and implemented throughout every stage of the process of the juvenile justice. Also, the convention. Respect for the dignity of the child requires that all forms 10 of violence in the treatment of children in conflict with the law must be prohibited and prevented.

4. World Declaration for Education for All (1990) It states that Every child, youth and adult shall be able to benefit from educational opportunities that are designed to meet their basic learning needs. Between 5th and 9th March, 1990, in the town of Jomtien, Thailand during the International Literacy Year, about 1,500 delegates from 155 countries and representatives of some 150 governmental, non-governmental and intergovernmental organisations met at the World Conference on Education. The Conference called upon all countries to universalise adequate basic education. The participants at the Conference adopted the World Declaration on Education for All and a Framework for Action: Meeting Basic Learning Needs. It was stated categorically that Every person child, youth and adult shall be able to benefit from educational opportunities designed to meet their basic learning needs.

5. Standard Rules on the Equalization of Opportunities for Persons with Disability (1993). This was adopted by the United Nations General Assembly, forty-eighth session, resolution 48/96, annex, of 20 December 1993. Although not a legally binding instrument, the Standard Rules represent a strong moral and political

commitment of Governments to take action to attain equalization of opportunities for persons with disabilities. The rules are 22 and consist of four chapters namely: preconditions for equal participation; target areas for equal participation; implementation measures; and the monitoring mechanism. They cover all aspects of life of disabled persons and serve as an instrument for policy-making and as a basis for technical and economic cooperation.

6. UNESCO Salamanca Statement and Framework for Action (1994) In June, 1994, the UNESCO sponsored a Conference in Salamanca, Spain, with more than 300 participants representing 92 governments and 25 international organisations. The Conference reaffirmed that education is the right of every individual as per the "Universal Declaration of Human Rights 1948". A "Framework for Action", was adopted as a guiding principle. It was this Conference that promoted the idea of inclusive education where the disabled are to be enrolled in regular schools to enable them to study with their non-disabled counterparts. The neighbourhood or regular schools are to accommodate all children, regardless of their physical, social, intellectual, emotional, linguistic or other conditions.

The Salamanca Statement has five key clauses and these are:

i. Every child has a basic right to education;

ii. Every child has unique characteristics, interests, abilities and learning needs;

iii. Education services should consider these diverse characteristics and needs;

iv. Those with special educational needs must have access to regular schools;

v. Regular schools with an inclusive ethos are the most effective way to combat discriminatory attitudes, create welcoming and inclusive communities and achieve education for all. Such schools provide effective education to the majority of children, improve efficiency and cost- effectiveness.

7. Dakar Framework for Action (2000) The Dakar Framework for Action is based on the most extensive evaluation of education ever undertaken, the Education for All (EFA) 2000 Assessment. This was one of the calls of the World Conference of Education for All. A study that had been conducted revealed that the state of basic education around the world was deplorable. The document called for "special technical support" to be provided by the international community to "those countries with significant challenges, such as complex crises or natural disasters." (para.16). States Parties were enjoined to commit to restoring learning opportunities in countries where there were conflicts so that education may take place "in secure and friendly environments, and to reconstruct destroyed or damaged education systems". (para. 57).

National initiatives that back inclusive education

Ghana was among the first countries to sign the UNCRC document and has been an active member of the United Nations to advocate for the rights and responsibilities of the disabled. At the national level, there are some initiatives backing inclusive education. Through the Ministry of Education and support from UNICEF and some non-governmental organisations, the Policy on Inclusive Education (MoE, 2015) was developed and successfully launched in May, 2016 in Accra. Apart from identifying some key sectors of the economy that can support its implementation, the Special Education Division has been given the mandate to coordinate its development and implementation. UNICEF, in particular, has been of much help towards the development and implementation of Inclusive Education in Ghana. Since its launching, there has been set up a National Steering Committee on the Implementation of Inclusive Education and a Committee responsible for the Monitoring and Evaluation of Learning.

i. The 1992 Constitution: It protects the rights of all Ghanaians, including children (people under the age of 18).

ii. The Children's Act 1998 (Act 560): It enforces the rights of children and provides for penalties when they are contravened.

iii. The Labour Act, 2003 (Act 651). It ensures there is no discrimination whatsoever at the workplace.

iv. Persons with Disability Act, 2006 (Act 715): The Act provides for the education, employment and health of the disabled. No head of school has to refuse or deny a child 12

with disability admission to school. Anyone who commits this offence has to pay a fine, imprisoned or both.

Key ideas

- The United Nations fundamental human rights unreservedly guarantee the inalienable rights of every human being.
- The UNCRC provides for the life, survival and development of every child.
- The Education for All ensures that no child is left out in their education.
- The UNESCO Salamanca Statement creates the need for the child with disability to be educated in the regular or neighbourhood school.

Unit Five

STAKEHOLDERS IN SPECIAL NEEDS EDUCATION

In this unit, we look at professionals and sectors who have a stake in the education of learners with disabilities. The unit will identify the role(s) each can play to materialise the education and training of the disabled.

Meaning of Stakeholder

In this unit, the term stakeholder refers to any person or organisation interested in the welfare of a person or groups of persons and willing to support their growth and development in one way or the other. In the area of special education, stakeholders include individuals such as philanthropists; institutions and organisations including faith-based organisations. The institutions include the Ministry of Health, Ministry of Education and the Ministry of Gender, Children and Social Protection under which we have the Department of Social Welfare.

Roles of Stakeholders

Ministry of Health

i. Neurologists: As medical practitioners, they specialise in the development and functioning of the central nervous system and detect abnormalities in the brain that affect mental health and physical developments. The central nervous system is concerned with the brain and spinal cord. They assess soft neurological signs such as minimal or subtle deviations

such as difficulties in visual-motor, cerebral palsy e.g., fine motor or gross motor co-ordination difficulties. Also, they do conventional neurological examination involving investigating child's medical history and/or prenatal history as well as investigate genetic and environmental conditions.

ii. Psychiatrists: They are medical practitioners who specialise in conditions affecting mental health and physical aspects of psychological problems. They can detect emotional and behavioural difficulties and the consequences of substance abuse. They give information on people suffering from psychological diseases such as attention deficits disorders (ADD) and attention deficits hyperactivity disorders (ADHD). Inattentiveness, hyperactivity or restlessness, impulsivity, and withdrawal are all 14 symptoms of ADHD. Psychiatrists are legally equipped to prescribe medications to patients.

iii. Optometrists: They examine the eyes and various vision-related abnormalities, including refractive error and eye disease and prescribe corrective lenses for medical eye care. Refractive errors include myopia (short-sightedness), hyperopia (long or far sightedness) and astigmatism. They provide primary eye care, both optical and medical. They are licensed to practice optometry, which primarily involves performing eye exams and vision tests, prescribing and dispensing corrective lenses, detecting certain eye abnormalities and prescribing medications for certain eye diseases.

iv. Paediatricians: They manage medical conditions affecting

infants, children, teenagers, and young people. They deal with illnesses and the child's physical, mental and behavioural development. They administer immunizations and carry out routine health checks, to diagnose and treat a wide range of illnesses, injuries and conditions. They often assess and treat babies including premature ones immediately after birth. They can assess and if necessary, resuscitate new-born and manage treatment of.

v. Ophthalmologists: They specialise in eye and vision care. After their initial training as medical doctors, they undertake additional specialist training in the diagnosis and management of disorders of the eye and visual system. Ophthalmologists differ from optometrists and opticians in their levels of training and in what they can diagnose and treat.

vi. Nurses: The school nurse is responsible for handling the health care needs of school children including those of learners with disabilities. They give first aid and make referral where the condition appear to be severe. Also, they administer medication and advice teachers and parents on what to do in the case of a child falling sick.

vii. Speech and Language Pathologists: They are also known as speech therapists. They study human communication, its development, and its disorders. They assess speech, language, cognitive-communication, and oral skills. They work with learners who have speech and language disorders and help them to communicate to the best of their ability. They help learners

with speech disorders to participate actively in classroom instruction and boost self-esteem and confidence. Also, they assist learners who have eating, drinking and swallowing difficulties to be safe whilst eating and drinking. They work in health centres, hospitals, clinics, schools, independent practices and patients' homes. Speech and Language Therapists also work

Ministry of Education

i. Special Educationists: They work with learners who have learning disabilities, emotional, or behavioural, or cognitive impairments or with intellectual, hearing, vision, speech, gifted learners with advanced academic abilities; and learners with orthopaedic or neurological impairments. They assist regular education teachers to teach certain skills in resource rooms, make adaptation for learners with special educational needs and disabilities. They adapt general education lessons and teach various subjects to learners with mild to moderate disabilities. They also teach basic skills to learners with severe disabilities. They provide specialist services such as teaching a blind person to communicate in Braille and/or instruct a deaf learner to use sign language and finger spelling. The special educator collaborates closely with teachers, other professionals and administrators to foster the teaching and learning of learners with diverse learning needs.

ii. Regular Education Teachers: Their primary roles are to plan, coordinate, schedule, and evaluate curriculum and instructional

outcomes within a secure and positive classroom environment for all learners, including those with disabilities. They supply information to other professionals and parents about a child's classroom achievements. They can also tell whether a learner can do regular classroom work or not. According to Boyer and Mainzer (2003), the general education teacher should:

a. Develop and implement weekly lesson plans that facilitate the participation and learning of all learners

b. Monitor and evaluate progress of all learners

c. Maintain communication with learners, parents or guardians

d. Meet with special education teacher on a regular basis and provide information necessary for modifications and adaptations to be developed and implemented

e. Work collaboratively with special education teacher to assist in development of a support plan that meets the needs of all learners in the classroom, assist in the development of the para educator's schedule, and supervise the para educator's completion of designated activities when in the general education classroom.

f. Keep the special education teacher informed as to the performance of learners with disabilities in your class on a regular basis. Further, provide a copy of midterm grades and assign report card grades collaboratively with the special education teacher.

iii. Educational Audiologists: They are healthcare professional who work with learners with hearing losses to make sure they receive maximum support in the classroom. They deliver hearing services to all children, particularly those in educational settings. Audiologists are trained to diagnose, manage and treat hearing and balance problems. They are members of the school multidisciplinary team who facilitate listening, learning and communication access via specialized assessments; monitor personal hearing instruments; recommend, fit and manage hearing assistance technology; provide and recommend support services and resources; and advocate on behalf of the learners.

iv. School Psychologists: They are qualified members of school teams that support learners' ability to learn and teachers' ability to teach. They administer, score and interpret intelligence tests. They also assist in decisions concerning a child's ability to do regular school work. They apply expertise in mental health, learning, and behaviour, to help learners and youth succeed academically, socially, behaviourally, and emotionally. They partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community.

The Ministry of Gender, Children and Social Protection

The Ministry has three main departments namely: the Department of Gender; the Department of Social Welfare; and the Department of Social Protection. That of the Department of Social Welfare are responsible for developing and coordinating community-based rehabilitation programmes for persons with disabilities. As much as possible, they are to ensure that persons with disabilities live a life so close to that of their non-disabled counterparts in order to prevent poor social attitudes, stereotypes and discrimination. Also, they are responsible for providing access to social services and places where the disabled person can be educated and trained.

Key ideas

- The roles of various professionals involved in meeting the needs of learners with diverse learning needs were looked at.
- Some of the professionals discussed under the Ministry of Health included Neurologists, Ophthalmologists, Paediatricians and Optometrists, In Education, we looked at School Psychologists, Educational Audiologists and Special Education Teachers, Regular education teacher. In the Ministry of Gender, Children and Social Protection we specifically looked at the Department of Social Welfare

Unit Six

EQUIPMENT AND MATERIALS

In this unit, we are going to look at some equipment and materials (assistive technology) that are used in meeting the needs of learners with special needs. Also, we will look at the professionals who use them.

Audiometer

This is a machine used to measure hearing levels at various frequencies. An audiometer is used to test for pure tone audiometry (that is to test both air and bone conduction). Sounds of high and low frequencies are played to see if the individual will respond to the sounds. In testing for hearing losses, the two ears are tested one after the other. This is so because one ear may perceive sounds better than the other. Sounds are measured in decibels and the symbol used is dB. The results are plotted on an audiogram to determine hearing thresholds. If one ear is affected, it is referred to as unilateral hearing loss. In finding out whether the middle ear is functioning, tympanometry or acoustic reflex measures are done. While the tympanometry checks the feedback from sounds put into the ear, the acoustic reflex measures look at the movements of the muscles in the middle ear in response to sound. Audiologists use the audiometer to measure hearing levels and advice on classroom seating. Audiologists are professionals who are responsible for testing for hearing losses Hearing loss can either be in the outer ear, middle and/or inner ear. If the loss is mild or moderate, it is referred to as hard-of-hearing. On the other hand, if it is severe or profound it results in deafness. Hearing aids are used to help the hard-

of-hearing to perceive sounds. However, those who are deaf need to be given instruction in sign language, finger spelling and lip reading. Sign language and finger spelling can be interpreted.

Speech Training Unit

This is a device used to help individuals with speech and language difficulties to communicate. Speech disorders come in different ways. They can be the way sounds are articulated or pronounced, the voice level (whether low or high pitch), or the speed such as stammering or stuttering. Language disorders may be in the areas of the use of phonemes (how sounds are articulated), morphemes (use of the smallest units of words such as the prefixes and suffixes or the 'ing'), syntax (the rules governing the use of words), semantics (the meanings of words) and/or pragmatics (the way words are applied). Speech and Language Therapists are professionals who use the speech and training unit to ease communication.

Snellen Chart

It is a chart used to measure visual acuity. Visual acuity refers to the distance a person can stand to clearly see the distinctive features of an object. The chart can be made up of the letter 'E' with different sizes and the legs facing various directions or numbers of different font sizes. An ophthalmoscope is used to view the optic disk, retina, macula, and choroid in the back of the eye. Visual impairments can appear in different forms such as low vision (also known as partially sighted) and blind. While the partially sighted can read print with magnified glass or medicated lens, those who are blind need instruction in Braille. The Braille is composed of a system of dots which can

be composed through the use of stylus or Braille type writer. Braille can be transcribed. Also, an ophthalmic device can be used by an Ophthalmologist to assess vision.

Wheelchairs and Prosthetic materials

Wheelchairs, wheelchair lift, or a stair elevator are useful for individuals with physical or motor problems that is people who are unable to walk or move from one place to the other. Prosthetic materials are special materials for persons who may have amputations in the lower limbs or legs. They include shoe inserts for someone with fallen arches or an artificial limb for someone who has undergone an amputation. Other assistive devices include the following:

i. Recreational Therapy Devices: They enable the disabled to enjoy fun activities such as swimming and assistance being provided by recreational therapists.

ii. Communication Devices: These are devices that help people who are partially sighted or deaf to participate in more activities. They could include a caption option on a television for a senior citizen who is hard-of-hearing, a hearing aid, telephone amplifier or a magnifier to allow for reading and the writing of letters.

iii. Adaptive Controls: These are remote controls that individuals can use to adjust devices like air conditioners, fans, thermostats, power wheelchairs, and other electronic devices in the home.

iv. IT Computer Technology: This includes special software that helps individuals access to the Internet such as touch screen

technology, a modified mouse, JAWS (Job Access with Speech) and keyboard to make the computer more user-friendly.

v. Transportation Assistance: This includes devices that facilitate getting into and out of vehicles and driving safely, including ramps, lifts, grabs bars, adjustable mirrors, seats, and special steering wheels with brake controls.

vi. Walkers: Some students might be able to walk but have balance problems. Walkers can be something as simple as a cane or crutches, or a more complex device with seating in the frame for a student who easily gets tired. Book bags can be hung from older students' walkers but could disrupt the balance of a younger special needs child. The equipment and materials enable the disabled to live a normal life at school, home or workplace

Key ideas

- To be able to detect hearing levels, Audiologists use a machine called Audiometer and plot the levels on audiogram for interpretation.
- Persons with speech and language difficulties are trained using speech and language unit.
- In order to test for vision loss, the Snellen chart and/or ophthalmic device are / is used.
- A wheelchair or prosthetic material can be used to facilitate movement from one place to another.

Unit Seven

ASSESSMENT PROCEDURE FOR SPECIAL EDUCATION

The unit discusses the term assessment and the processes that have to be followed to identify and assess special educational needs and disability conditions. The unit will further examine and discuss some principles that need to be observed in order to make assessment valid and reliable.

Meaning of the Concept of Assessment

The term assessment has been defined in several ways. First, it is seen as a "process" and it is concerned with the "collection of information". On the basis of these, the following definitions will be relevant as far as special education is concerned. Gaugioulo and Metcalf (2017) explains assessment as a generic term that refers to the process of gathering information about a pupil's strength and needs through a variety of instruments and data used in making decisions. Salvia and Ysseldyke (1998) regard assessment as the collection of information in order to identify problems and make educational decisions. According to McLoughlin and Lewis (1994), assessment is "the systematic process of gathering educationally relevant information to make legal and instructional decisions about the provision of special services" (p.4). Airasian (1996) also defined assessment in a way that makes it easier to understand. According to Airasian (1996), assessment is the process of collecting, synthesizing, and interpreting information to assist in decision-making. A cursory look at the definitions above shows that:

i. Assessment is a systematic process

ii. It gathers information that is educationally relevant, and

iii. Information is used in making vital decisions.

One of the goals of the assessment process is to obtain a complete profile of the student's abilities and needs (Berdine & Meyer, 1987). By law (IDEA), assement requires the use of a multidisciplinary team of professionals, of which one must be a teacher (Salvia & Ysseldyke, 1998).

Assessment is teamwork. Both parents and teachers can assess. A team of experts can also carry it out.

Purpose of Assessment

The following can be considered as reasons why assessment is carried out in special education:

i. To know the strengths and weaknesses of a child.

ii. Enable teachers to identify the strength and weaknesses a learner has.

iii. Enables the needs of the learner to be identified.

iv. Helps to place the learner in an appropriate environment.

v. Reveals the progress the learner is making on a programme.

vi. Enables us know how a learner is performing in relation to peers.

Airasian (1996), has acknowledged six major reasons for assessment. These are:

i. Diagnosing learner problems

ii. Judging academic learning progress

iii. Providing feedback and incentives to pupils

iv. To decide appropriate placement

v. Planning and conducting instruction

Screening

Berdine and Meyer (1987) define screening as "the process of assessing a large number of learners for the purpose of identifying those who need more thorough evaluation to determine whether or not they actually have problems" (p. 113). In assessing whether a child or a person has a disability or not, the first step of assessment is identifying the population of learners of school age who are at-risk for developmental disabilities. In doing this, screening is done. Without screening, knowing those who are at-risk becomes difficult.

Screening can be done through the use of observation, interview or use of teacher made test. As a rule, screening should be simple, efficient and cost effective. The information obtained from screening should not be used for decisions affecting placement and/or type of programme a learner should receive.

Professionals and non-professionals can do screening. Teachers and nurses are professionals but parents are non-professionals. Teachers

use tests to identify learners with academic needs. Nurses screen for information on health needs, while parents screen for information on physical, social and emotional needs.

Referral

Referral is the next step we take when screening results indicate that an at-risk condition is present. Referral is the process of asking more qualified professionals to help you know more about the nature of a problem.

We therefore make referral for the sole aim of obtaining information on a child's exceptionality. Who makes referral and to whom are referrals made? Teachers and parents make referrals to experts such as medical personnel and psychologists. As a rule, teachers cannot make referrals without permission from parents. Additionally, they can only make referrals when they have made some adaptations for the learner and have not succeeded.

Diagnosis

Once referral is made, the experts have to thoroughly assess or do diagnosis for information on the individual. This is where professionals are engaged to conduct thorough or comprehensive assessment to know the nature and degree of a disability. By rule, all the domains of the child's life have to be assessed including the mental, emotional, social and physical abilities. It means the professionals should be interested in finding out about the competences of the individual in academic skills such as numeracy, literacy and communication. Is the individual able to do arithmetic such as counting and being aware of measurements? Can he or she recognise letters and words and read fluently? How well

is the person able to generate ideas and solve problems? How does the person relate to others? Is he or she interactive or withdraws from others? The assessors may also be interested in the sensory abilities (that is hearing and vision), vision efficiency, visual acuity and hearing levels. Also assessed are physical and health; communication (that is speech and language) and emotional status. This makes the evaluation comprehensive.

By implication, professionals in various fields have to be engaged in the assessment process. More important, parents must be available to supply information to the assessors. It is often not acceptable for only one person to do all the assessment. The procedures and tools used should be valid and reliable and the child must be assessed in a language he or she can understand. Assessors are therefore to be ethical. They should respect the rights and responsibilities of the child being assessed and the family. If a child cannot write, alternative ways should be found to solicit for information. More so, other factors affecting the behaviour of the child must be looked at and data must be properly recorded and reported.

Key ideas

- Assessment is carried out to have information on a child's strengths and weaknesses.
- The first step in assessment is screening and this is followed by referral.
- In order for assessment to be comprehensive, experts from various disciplines have to be engaged including those in Health and Education.

- Respect for the rights of the child and family, non-discrimination, and assessing in a language the child can understand are some of the principles that have to be followed in assessing.

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